

Department of Revenue  
 Tax Division  
 PO Box 110420  
 Juneau, Alaska 99811-0420  
 Telephone (907)465-2320  
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# 2005 Alaska Seafood Marketing Assessment FORM 04-578

DEPT USE ONLY

Envelope #

FSN

Due: March 31, 2006

Federal EIN or SSN			Telephone Number	Fax Number
Individual or Corporation Name			E-mail Address	
Business Name			Contact Person	Title
Mailing Address			Check if: <input type="checkbox"/> Amended (attach explanation)	<input type="checkbox"/> Bonus Month <input type="text"/> Year <input type="text"/>
City	State	Zip Code	Make checks payable to: <b>Alaska Department of Revenue</b>	

A. Fisheries Bus. Lic No.	B. Facility Location or Vessel Name	C. Value of Seafood Products (from each Fisheries Tax Return)

- Total value of seafood products listed in column C. (If less than \$50,000, skip line 2, sign the return, and file it on or before the due date).....
- Assessment. Multiply the value on line 1 by .5% (.005).....  
 (This is your Seafood Marketing Assessment, please remit payment)

1	
2	

**Note:** If your liability exceeds \$150,000, you must use Electronic Funds Transfer (TOPS) or wire transfer funds.  
**Check if you are remitting by:**

☐ Wire Transfer    ☐ TOPS Confirmation Number \_\_\_\_\_

*I declare under penalty of unsworn falsification that the information provided in this return has been reviewed by me, and to the best of my knowledge and belief is true, correct, and complete. If prepared by a person other than the taxpayer, preparer's declaration is based on all information of which preparer has any knowledge.*

Signature	Type or Print Name	Date
DEPARTMENT USE ONLY		VALIDATION
PMD:		